

or for abdominal bleeding. Have you looked into the number of blood transfusions or blood products, which are usually not given in cases of NTBI death? Blood products could actually place the graft at a higher level of antigenicity and therefore would be able to explain both the higher incidence of acute rejection and also BOS. So have you looked at the number of blood transfusions in the two groups?

**Dr Ciccone.** Dr Haverich, you raise a potentially important question. When we began this review, we attempted to examine the

influence of donor blood transfusion on outcome. However, this analysis was impossible because the data were missing for many donors in our early experience.

**Dr Michael F. McGrath** (*Norfolk, Va*). Obviously donors come from a number of different kinds of hospitals and settings. Were you able to split out those patients who had early neurosurgical intervention to decompress the rapid rise in intracranial pressure and see whether that had any effect on the donor lungs?

**Dr Ciccone.** No, we did not include this in our analysis.

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